

Queen Elizabeth High School



Ashfields, Bromyard, Herefordshire, HR7 4QS

T:01885 482230 www.qebs.co

E:admin@tcat.school

Executive Head: Martin Farmer BEd (Hons) NPQEL

Head of School: Mr. S. Seneque NPQH

Our ref: ML/SW

14th May 2025

Dear Parent/Carer

Re: Year 5 Taster Day – Monday 16th June

We warmly invite all Year 5 pupils to a Taster Day at Queen Elizabeth High School on Monday 16th June.

The day will be arranged so that pupils will experience several different QE High School lessons and what day-to-day life at high school is like.

The day will begin at 9.00am when pupils will meet in the Main Hall and register. The day will end at 3.00pm. Pupils can either be collected from the Main Hall at 3.00pm by parents or can return to their schools with their primary school teacher. If you wish your child to walk home, please indicate this on the form below.

Pupils will be provided with light refreshments and have the opportunity to play at breaktime. For lunch, students should bring a packed lunch, for students in receipt of free school meals, QE will ensure this is provided.

We very much appreciate parents arranging transport for their child to and from QEHS on the day. Please ensure you indicate your child's dismissal from QEHS at the end of the day and provide us with emergency contact details on the attached sheet.

In order for your child to participate, please complete the attached permission slip and return it to your class teacher by **Thursday 22nd May.**

We do hope that your child can join us for this exciting opportunity.

Yours faithfully,

Mr Matt Lake
Deputy Headteacher



QUEEN ELIZABETH
HIGH SCHOOL

Queen Elizabeth High School



Year 5 Taster Day – Monday 16th June

Pupil's Name

.....

..... will be attending the Year 5 Taster Day on Monday 16th June 2025.

Primary School:

Please tick below:

☐ My child is in receipt of free school meals (meal will be provided from QEHS canteen)

☐ I understand my child is required to bring a packed lunch on the day

At the end of the day:

I will collect my child from QEHS ☐

My child will walk home alone ☐

My child will walk home with

Other arrangements

.....

.....

Medical Information

Has your child a history of, or do they receive medication for:

Asthma: ☐ Diabetes: ☐ Epilepsy: ☐ Allergies: ☐ Other: ☐

If your child suffers from any other medical problems that we should be aware of please give details:

.....

.....

.....

Does your child take any regular medication, if yes please state type(s):

.....

.....

.....

If you have any other information which you think we should be aware of, please give details:

.....

.....

.....

Do you give consent for your child's photograph to be taken and used on the QEHS website/school Facebook site?

Yes / No

Emergency Contact Details

Name:

Relationship:

Home phone:

Work phone:

Mobile:

Signed: (Parent/Carer)